Sexual Assault Prevention and Response Program

Jane Lux
Program Coordinator
NGB-J1
703-601-0577
Jane.Lux@us.army.mil
CTR – Alutiiq International Solutions, LLC

This briefing is
UNCLASSIFIED

Sexual Assault Symptoms and Recovery

Block 14

Sexual Assault Response Coordinator Training

Diagnosis

- A useful grouping of reportable or observable symptoms
- Used to inform clinical work and research
- Constantly evolving
- Heavily influenced by culture, historical moment, politics

Diagnosis

- It is not necessary to have a diagnosis to need, benefit from, or justify treatment
- People cannot be reduced to their diagnosis
- A diagnosis never describes someone's strength
- A diagnosis may or may not capture the most important issues with which someone is struggling
- A diagnostic framework can help someone get and receive help

Adaptational Framework

- Symptoms are best thought of as attempts to adapt to the trauma and its effects
  - For example:
    - Phobias may be an effort to re-establish safety
    - Avoidant and numbing symptoms may be attempts to achieve stability and reduce posttraumatic memories and distress
    - Re-experiencing symptoms can be thought of as an effort to approach and process the trauma

Initial Reactions to Rape

- Intense and labile feelings
- Pervasive fear, anxiety, and phobic behavior
- Numbness
- Cognitive and behavioral disorganization
- Helplessness
- Perseverating on some detail
- Somatic complaints
- Sleeping and eating difficulties
- Withdrawal, alienation, mistrust
- Feelings of humiliation and self-blame
- Not feeling like oneself
- Feelings of unreality

Progression

- Typically, a certain amount of recovery occurs naturally in the first 2 to 6 weeks
- People who do not show steady improvement in their symptoms during this time period are at risk for chronic problems

Red Flags of Distress

- Intense distress that continues, unimproved, in the weeks after the assault
- Inability to soothe oneself or use social supports effectively
- Use of harmful coping strategies
- High levels of self-condemnation and self-blame
- Pre-existing vulnerabilities or conditions

Diagnoses Commonly Associated With Trauma

- Acute Stress Disorder (ASD)
- Posttraumatic Stress Disorder (PTSD)
- Depression and dysthymia
- Substance dependency and abuse
- Other anxiety disorders
- Character disorders (e.g., Borderline personality disorder)

PTSD and Trauma Exposure

- Compared to other traumatic events, rape is particularly likely to lead to PTSD
  - Approximately 2/3 of men and 1/3 of women who have been raped develop PTSD compared to rates of 2% to 9% for other traumas

(Kessler et al., 1995, Resick et al., 1993)

- Among traumatized civilians, 14% of men and 31% of women subsequently develop PTSD

(Breslau et. al., 1991)

- Rates of PTSD among rape victims and heavy combat veterans are similar

Beyond PTSD

- Most people who have PTSD also suffer from other problems and disorders
- Of people with PTSD, 88% of men and 79% of women met full criteria for another disorder

  (Kessler et al., 1995)
- Most common co-occurring conditions were:
  - Depression and dysthymia
  - Substance dependency and abuse
  - Other anxiety disorders (particularly social phobia)
  - Pervasive problems with emotional regulation and interpersonal relationships
  - Character disorders

Depression

- Depression is highly correlated with PTSD
- Depression involves some of the following
  - Depressed mood most of the day, nearly every day
  - Taking less pleasure or interest in most activities
  - Unintentional weight loss or gain
  - Difficulty sleeping or excessive sleeping
  - Fatigue or loss of energy
  - Agitated or slowed movements
  - Feelings of worthlessness or excessive, inappropriate guilt
  - Trouble concentrating, thinking, or making decisions
  - Recurrent thoughts of death, recurrent suicidal ideation, or suicide attempts

Depression and Grief

- Grief ebbs and flows; depression is continuous, relentless
- Grief is acute and intense; it comes in waves
- Grief has a focus (you know what you are sad about)
- Depression is usually diffuse; a ubiquitous sadness and grayness that blankets life
- In depression, crying and other expressive activities bring little or no relief
- In grief, signs of depression may be evident but do not persist for days on end without respite
- *Depression requires specialized treatment*
- *Grief requires respect, space, and opportunities for processing*

Substance Abuse and Trauma

- Using/abusing drugs and alcohol is a very common way that victims cope with the aftermath of trauma
- Alcohol and drugs are poor coping strategies
  - Consistent use impairs processing of trauma (thus insuring the 'need' for more)
  - Substance abuse creates its own legacy of destruction (independent of trauma)
  - Excess use increases contact with risky peer groups and discipline/legal problems
  - Use increases the risk of additional victimization

Substance Abuse and Trauma

- All victims should be warned to monitor their use of drugs and alcohol
- Individuals with prior substance abuse problems have a heightened risk for victimization and re-victimization
- Individuals with substance abuse problems are particularly at risk for problems post trauma

Other Anxiety Disorders

- All anxiety disorders tend to increase in the aftermath of trauma:
  - Social Phobia
  - Generalized Anxiety Disorder
  - Specific Phobias
  - Panic Disorder
  - Obsessive Compulsive Disorder

What Victims Need to Know

- Rape can happen to anyone
  - competent, healthy, strong men and women are raped
- Symptoms and difficulties are normal
  - not a sign of personal or psychological weakness
- Learning more about reactions to trauma sometimes helps victims
  - feel less alone, less frightened, and more in control
- Many people have long-lasting problems. However, long-lasting impairment is not an inevitable result of rape
- Posttraumatic responses and related diagnoses are extremely treatable
- Current stress activates prior stress and vulnerabilities
- It is never too late for help.
- *Get help if you need it!*

What Commanding Officers Need to Know

- Rape victims are in a highly vulnerable psychological state
- Extreme emotional shifts, confusion, changeability, disorganization, numbness, fearfulness and erratic behavior are typical responses
- Safety, control and trust are paramount needs
- Victims need to get safe as quickly as possible
- Victims need control, privacy and support

Healing and Recovery

- Definitions of recovery are fluid
  - Absence of diagnosis
  - Absence of trauma-driven constrictions and limitations
  - Good quality of life in spite of some symptoms
- Recovery is relative to the trauma
- Change is inevitable
- Presence of the positive is as important as the absence of symptoms

Healing

- Healing is an ongoing process
- Healing spirals
- Reparative relationships
- Learning
  - New meanings
  - New accomplishments
  - Empowerment
  - Positive self appraisal

Healing

- Acceptance of change
- Freedom
- Choice
- Adaptive understanding of self, world and trauma that incorporates reality of trauma
- Tolerable emotions
- Positive connections

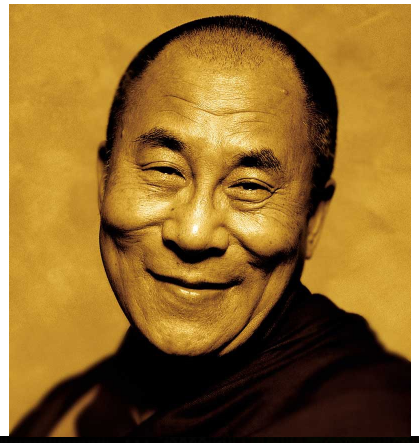
What Does The Process Look Like?

- Enormous differences in how people move through the healing journey
- Respect individual pathways
- In general, some combination of approaching and avoiding the trauma seems necessary
  - People need to approach the event in order to digest it, make sense of it and master the terror
  - And they need to avoid it to maintain balance, perspective and to restore themselves

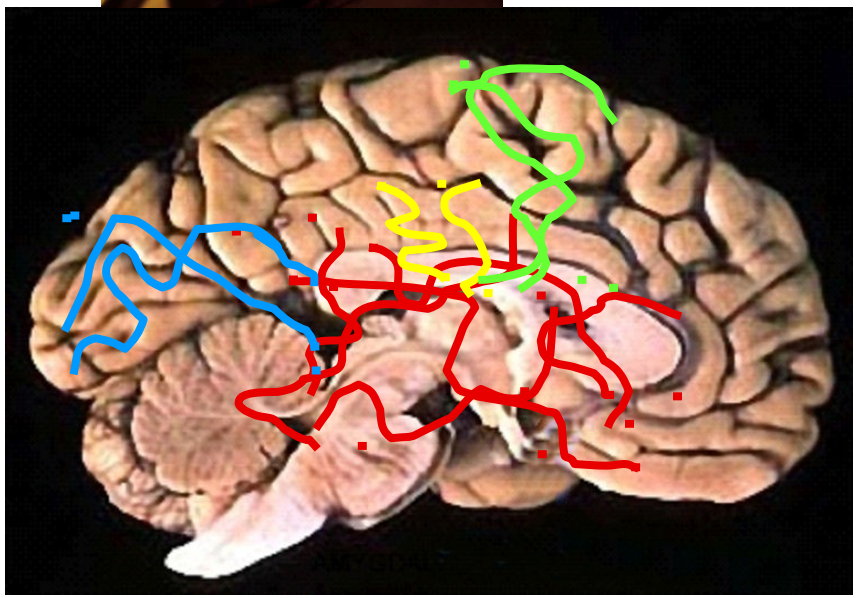
What Does It Take To Heal?

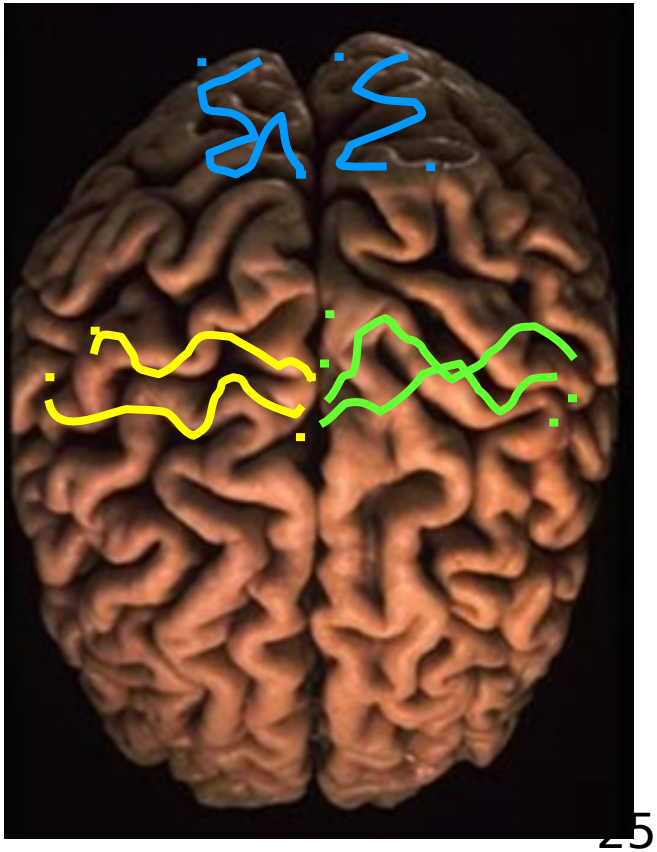
- Getting safe
- Calming the body
- Thinking about the trauma in a way that allows you to live well and accept yourself
- Being able to tolerate the feelings
- Finding balance in your life
- Forging positive connections with other people
- Transforming the trauma

Forging New Connections



“It happened when I was…”





© 2005 David

It’s like, in the beginning you just have this huge balloon and its filled to the bursting and you are sitting there all the time, just holding the top tight. And you can’t really do anything else, because it’s so big that you have to hold it all the time. And then you start letting it out, just a little bit at a time, and slowly, it gets smaller and smaller, until eventually, you can just kind of tuck it in your back pocket, or put in on a shelf, and do other stuff.

DSM-IV Definition of Trauma

- Event in which both of the following were present
  - The person experienced, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury or a threat to the physical integrity of the self or others
  - The person's response to the event involved intense fear, helplessness, or horror

PTSD

- Three Categories of Symptoms
  - Re-experiencing
  - Avoidance and Numbing
  - Hyperarousal

Re-Experiencing

- The traumatic event is persistently re-experienced in one (or more) of the following ways:
  - Recurrent, intrusive, distressing recollections of the event, including images, thoughts, or sensations
  - Recurrent distressing dreams of the event
  - Acting or feeling as if the event were recurring (includes a sense of reliving the experience, hallucinations, and dissociative flashback episodes, including those that occur on awakening or when intoxicated)
  - Intense psychological and/or physiological distress at exposure to internal or external cues that remind the person of some aspect of the traumatic event

Avoidance and Numbing

- Persistently avoiding things that are associated with the trauma. Feeling numb.
  - Efforts to avoid thoughts, feelings, or conversations associated with the trauma
  - Efforts to avoid activities, places, or people that activate memories of the trauma
  - Inability to recall important aspects of the trauma
  - Markedly diminished interest or participation in significant activities
  - Feeling detached, separate or estranged from other people
  - Having a restricted range of emotion (e.g., unable to have loving or joyful feelings)
  - The sense of a foreshortened future (e.g., does not expect to have a career, marriage, children, or a normal life span)

Arousal

- Persistent symptoms of increased arousal
  - Difficulty falling or staying asleep
  - Irritability or outbursts of anger
  - Difficulty concentrating
  - Hypervigilance
  - Exaggerated startle response (jumps out of their skin when startled)

"Complex PTSD"

- Many researchers and clinicians have argued for the need for a separate diagnosis to represent the long-term effects of severe childhood abuse
- People with early, chronic interpersonally-based trauma tend to have ongoing difficulties in the areas of:
  - Affect regulation (e.g., intense reactive unstable moods)
  - Interpersonal functioning
  - Self-destructiveness
  - Suicidal behavior

Roth et al., 1997

Character Disorder Diagnoses

- There is increasing evidence that many types of character pathology are a result of chronic childhood trauma
- Many trauma researchers believe this reflects the unique toxicity of complex trauma
  - Borderline personality disorder (BPD) is the most commonly examined
    - Characterized by emotional instability, self-destructive behavior, and interpersonal difficulties
- 31% of Vietnam veterans meeting criteria for PTSD also met criteria for Antisocial Personality Disorder
- 76% of Vietnam veterans with PTSD met criteria for Borderline Personality Disorder

Kulka et al., 1990

References

- Patricia A. Resick (2001) Stress and Trauma (Clinical Psychology: A modular Course) Psychology Press Ltd.
- Rothbaum, B.O., Foa, E.B., Riggs, D.S., Murdock, T. & Walsh, W. (1992). *A prospective examination of posttraumatic stress disorder in rape victims.* The Journal of Traumatic Stress, 5, 455-475.

References (cont.)

- Breslau, N., Davis, G.C., Adreski, P. & Peterson, E. (1991) *Traumatic events and posttraumatic stress disorder in an urban population of young adults*. Archives of General Psychiatry, 48, 216-222.
- Egendorf, A., Kadushin, C., Laufer, R., Rothbart, G. & Sloan, L (1981) *The legacies of Vietnam.* A study prepared for the Veterans Administration. Washington, DC: US Government Printing Office.

References (cont.)

- Kulka, R.A., Schlenger, W.E., Fairbank, J.A., Haugh, R.L., Jordan, B.K., Marmar, C.R. & Weiss, D.S. (1990). *Trauma and the Vietnam War Generation.* New York; Brunner/Mazel.
- Kessler, R., Sonnega, A., Bromet, E., Hughes, M. & Nelson, C. (1995). *Posttraumatic Stress Disorder In The National Co morbidity Survey*. Archives of General Psychiatry, 52, 1048-1060.
- Resnick, H.S., Kilpatrick, D.G., Dansky, B.S., Saunders, B.E. & Best, C.L. (1993). *Prevalence Of Civilian Trauma And Posttraumatic Stress Disorder In A Representative National Sample Of Women.* Journal of Consulting and Clinical Psychology, 61, 984-991.

References (cont.)

- Riggs, D.S., Rothbaum, B.O. & Foa, E.B. (1995) *A Prospective Examination Of Symptoms Of Posttraumatic Stress Disorder In Victims Of Nonsexual Assault*. Journal of Interpersonal Violence, 10, 201-214.
- Roth, S., Newman, E., Pelcovitz, Van Der Kolk, B., & Mandel, F.S. (1997). *Complex PTSD In Victims Exposed To Sexual And Physical Abuse: Results From The DSM-IV Field Trial For Posttraumatic Stress Disorder.* Journal of Traumatic Stress, 10, 539-555.